

OMES FORM CP 011 - Purchasing | Rev. 05/2016

Amendment of Solicitation

Date of Issuance: 6/14/2019	Solicitation No. 3400001640
Requisition No.	Amendment No. 1
Hour and date specified for receipt of offers is changed:	X No Yes, to: CST
above. Such notice is being provided to all suppliers to wh Suppliers submitting bids or quotations shall acknowledge date specified in the solicitation as follows: (1) Sign and return a copy of this amendment with the (2) If the supplier has already submitted a response,	e receipt of this solicitation amendment <u>prior</u> to the hour and e solicitation response being submitted; or, this acknowledgement must be signed and returned prior to edgements submitted separately shall have the solicitation
ISSUED BY and RETURN TO:	
	san Wiest
Oklahoma City, OK 73117 -	ntracting Officer
	5 - 271 – 9444 x 56338 one Number
1000 NE 10 th Street	
	sanw@health.ok.gov Mail Address
Description of Amendment:	
a. This is to incorporate the following:	
	4 of 5 of our current contract ending in 10/31/19? This looks ation is for a new site. Current programs cannot apply for this
throwing me off. Is our agency the only one biddir budget in case the \$44k is open for others to bid awarded. It is up to the discretion of the sub-recip	understand we would be a sub-contractor. I think the money is ng on this? I am just trying to figure out how to structure the on as well. Answer: There is one contract for \$44,000 being pient how they choose to allocate the funds between he and travel requirements under the contract are:
 a. 1 – Full Time Employee (FTE) to provide prevention in the area identified by the ap 	primary prevention strategies related to sexual violence oplicant.
b. Attendance by the FTE at quarterly meeti	ings in Oklahoma City
c. Attendance by the FTE at one national tra	aining, usually the National Sexual Assault Conference
d. Attendance by the FTE at the Oklahoma Violence and Stalking	Partners for Change Conference on Domestic & Sexual
b. All other terms and conditions remain unchanged.	
Supplier Company Name (PRINT)	Date
Authorized Representative Name (PRINT) Title	Authorized Representative Signature